

Boyd County Fiscal Court

NET PROFIT LICENSE FEE/TAX RETURN

For Year Ended
 Month _____ Day _____ Year _____

Print Name & Address of Business _____

Is Business an(a):
 Individual
 Corporation
 Partnership
 Other

Account # _____

Social Security# or
 Federal ID # _____

Final Return (Check only to inactivate account. Complete Question D)

No Business Activity within Tax Jurisdiction

A) Business Phone _____ B) Principle business activity _____

C) Principle Owner/Administrative Officer _____

D) If Business Activity was Discontinued within the Tax Jurisdiction during the Year, State When _____

Dissolution Sale if by Sale, Give Name and Address of Successor _____

Other (Describe) _____

E) Is the Business Entity an Affiliate of a Consolidated Corporate Federal Return? No Yes (If Yes, See Instructions)

FILING STATUS (per Federal Return)

- 1) Worksheet I (Federal Schedule C, Schedule E, Schedule F, and (or) 1099-Misc)
- 2) Worksheet P (Federal Form 1065 and Form 8825 if Applicable)
- 3) Worksheet C (Federal Form 1120 or 1120A or Form 1120S and Form 8825, if Applicable)

FEE COMPUTATION

- 1) "Adjusted Net Profit" from Applicable Worksheet _____
- 2) Business Apportionment (If paying on less than 100% of Net Profit) (From _____ Worksheet Y, Line 4) _____
- 3) Taxable Net Profit (Line 1 X Line 2) _____
- 4) Occupational License Fee (Line 3 X 1% or .01) _____
- 5) **TOTAL FEES DUE** \$ _____
- 6) Less Estimated Payments and Credits _____
- 7) Balance Due \$ _____
- 8) Penalty @ 5% per month (or portion thereof, not to exceed 25%; Minimum \$25) _____
- 9) Interest @ 1% per month from Due Date _____
- 10) **TOTAL AMOUNT DUE** \$ _____
- 11) Overpayment Claimed (If Line 6 Exceeds Line 5) \$ _____
 Refund Credit to next year estimated payment

Enclose Copy of Applicable City Schedule & Federal Form

DUE THE 15TH DAY OF THE 4TH MONTH

Following the Close of the Taxable Year

Remit to:
 Boyd Co. Fiscal Court
 P.O. Box 423
 Catlettsburg, Ky 41129
 606-739-0164

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

PREPARER'S SIGNATURE _____ DATE _____

LICENSEE'S SIGNATURE _____ DATE _____

PRINT NAME _____ SS# _____

PRINT NAME _____ TITLE _____

*****IMPORTANT*****

Enclose Copy of Applicable
Federal Form(s)

Boyd County Fiscal Court
NET PROFIT WORKSHEET

Account # or FID

WORKSHEET I: For Business Entities required to file an INDIVIDUAL U.S. Income Tax Return

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1) Non-employee compensation as reported on Form 1099-Misc Reported as "Other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099) | |
| 2) Net profit or (loss) per line 31 of the Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2) | |
| 3) Gain or loss on sales of business property used in a trade or business from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040, (Pages 1 and 2 or Form 6252) | |
| 4) Rental income or (loss) per Federal Schedule E of Form 1040 (See instructions) (Attach Schedule E) | |
| 5) Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, Pages 1 and 2) (Attach Schedule F Pages 1 and 2) | |
| 6) State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, E and F | |
| 7) Total Income (Add Lines 1 through Line 6) | |
| 8) Alcoholic Beverage Sales Deduction (From Worksheet X on Page 2, Line 3) | |
| 9) Local/Other Adjustments (Attach Full Explanation and Schedule) | |
| 10) Total Adjustments (Add Lines 8 & 9) | |
| 11) "Adjusted Net Profit" (Subtract Line 10 from Line 7) | |

WORKSHEET P: For Business Entities required to file a PARTNERSHIP U.S. Income Tax Return

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1) Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2 and 3 (and Rental Schedule(s) if applicable) | |
| 2) State Income Taxes and Occupational License Fees deducted on the Federal Form 1065 | |
| 3) Additions from Schedule K of Form 1065 (See Instructions) (Attach Schedule K of Form 1065 and Rental Schedules, Form 8825, if Applicable) | |
| 4) Total Income (Add Lines 1 through Line 3) | |
| 5) Subtractions from Schedule K of Form 1065 (See instructions) (Attach Schedule K of Form 1065 and Rental Schedules, Form 8825, if Applicable) | |
| 6) Alcoholic Beverage Sales Deduction (From Worksheet X on Page 2, Line 3) | |
| 7) Local/Other Adjustments (Attach Full Explanation and Schedule) | |
| 8) Professional Expenses not reimbursed by the partnership (Attach Schedule of Expenses) | |
| 9) Total Adjustments (Add Lines 5 through 8) | |
| 10) "Adjusted Net Profit" (Subtract Line 9 from Line 4) | |

WORKSHEET C: For Business Entities required to file a CORPORATE U.S. Income Tax Return

- 1) Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary Income or (loss) per Federal Form 1120S (Attach the Applicable Form 1120, 1120A Pages 1 and 2 or 1120S Pages 1, 2 and 3)
- 2) State Income Taxes and Occupational License Fees deducted on the Federal Form 1120, 1120A or 1120S
- 3) Net Operating Loss deducted on Form 1120
- 4) Additions from Schedule K of Form 1120S (See Instructions) (Attach Schedule K of Form 1120S and Rental Schedules, Form 8825, if Applicable)
- 5) Total Income (Add Lines 1 through Line 4)
- 6) Subtractions from Schedule K of Form 1120S (See instructions) (Attach Schedule K of 1120S and Rental Schedules, Form 8825, if Applicable)
- 7) Alcoholic Beverage Sales Deduction (From Worksheet X Below, Line 5)
- 8) Local/Other Adjustments (Attach Full Explanation and Schedule)
- 9) Total Adjustments (Add Lines 6 through 8)
- 10) "Adjusted Net Profit" (Subtract Line 9 from Line 5)

WORKSHEET Y: BUSINESS APPORTIONMENT

All licensees whose business operations were not conducted entirely in the Tax Jurisdiction must complete this part, regardless of profit or loss.

DIVIDE ↓

| APPORTIONMENT FACTORS | COLUMN A Tax Jurisdiction | COLUMN B Total Everywhere | COLUMN C A / B = C |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------|
| PAYROLL FACTOR 1) Compensation Paid or Payable to Employees | | | |
| SALES FACTOR 2) Gross Receipts from Sales, Rents, Work or Services Performed | | | |
| 3) TOTAL PERCENTAGES | | | |
| 4) BUSINESS APPORTIONMENT (If your business had both a sales factor and a payroll factor, then divide line 3 by two (2). However, if the business had either a sales factor or a payroll factor, but not both, then enter the single factor percentage here and Line 2 of front page.) | | | |

WORKSHEET X: ALCOHOLIC BEVERAGE SALES DEDUCTION

1) **DIVIDE →** $\frac{\text{Kentucky Alcoholic Beverage Sales}}{\text{Total Sales}} =$ _____

NOTE: "Total Sales" is Total Gross Receipts of Business including Non-Alcoholic Beverage Sales

- 2) Enter Net of Line 7 of Worksheet I On Page 1 OR
- 3) Enter Net of Lines 4 and 5 of Worksheet P Above OR
- 4) Enter Net of Lines 5 and 6 of Worksheet C Above, Whichever Applies
- 5) **Alcoholic Beverage Sales Deduction (Multiply Line 1 by Line 2, 3 or 4)**